

**OFFICE OF ADMINISTRATIVE HEARINGS
SPECIAL EDUCATION DIVISION
STATE OF CALIFORNIA**

**REQUEST FOR CONTINUANCE OF
DUE PROCESS HEARING AND/OR MEDIATION**

STUDENT NAME: _____ **CASE NO.:** _____

Due Process Hearing is currently set for _____.

The Mediation Date is currently set for _____.

[] CHANGE MEDIATION DATE and CONTINUANCE OF DUE PROCESS HEARING

The undersigned requests a change in Mediation date and a continuance of the Due Process Hearing in the above case. One or both of the parties are unable to attend the assigned Mediation date and request this continuance of the Due Process Hearing to effectively participate in mediation and permit adequate time to prepare for the due process hearing if mediation is unsuccessful. The parties understand that if OAH continues the Due Process Hearing, OAH will schedule a Telephonic Trial Setting Conference approximately two weeks after the mediation, to confirm Due Process Hearing Dates, if necessary. Three alternative mediation dates for consideration by the Office of Administrative Hearings within 30 days of the presently scheduled mediation date are listed below:

[] CONTINUANCE OF DUE PROCESS HEARING

The undersigned requests a continuance of the Due Process hearing date. **(Please attach a declaration or Statement of Facts supporting your request. Attach a proof of service or other confirmation that the request was served upon or delivered to the other parties.)**

If one of the parties wishes to *only* change the *mediation date*, they must contact OAH **(916) 323-6876**

The signatures of all parties, or their representatives, reflecting agreement appear below.

If all parties do not agree, attach a proof of service or other confirmation that the request was served upon or delivered to the other parties.

(Signature of Parent/Representative)

Date

(Signature of District/Agency Rep.)

Date

(Signature of Other Party/Representative)

Date